

FEC  
FORM 1

# STATEMENT OF ORGANIZATION

RECEIVED  
FEC MAIL CENTER  
2016 JUN -6 PM 12:03

Office Use Only

1. NAME OF COMMITTEE (in full)  (Check if name is changed) Example: If typing, type over the lines. 12FE4M5

PRESIDENTIAL CANDIDATE 2016 - AJAY SOOD

ADDRESS (number and street) 63116 ALDEN ST

(Check if address is changed)

SHAWNEE CITY ▲ RIS STATE ▲ 66216 ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

(Check if address is changed) Ajappell23@yahoo.com

Optional Second E-Mail Address

COMMITTEE'S WEB PAGE ADDRESS (URL) N/A

(Check if address is changed)

2. DATE 03 / 31 / 2016

3. FEC IDENTIFICATION NUMBER C

4. IS THIS STATEMENT  NEW (N) OR  AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Ajay Sood

Signature of Treasurer [Signature] Date 03 / 31 / 2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

2016 JUN -6 PM 12:03

5. TYPE OF COMMITTEE

**Candidate Committee:**

- (a)  This committee is a principal campaign committee. (Complete the candidate information below.)
- (b)  This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate RAY SID

Candidate Party Affiliation \_\_\_\_\_ Office Sought: \_\_\_\_\_ House \_\_\_\_\_ Senate  President \_\_\_\_\_ State \_\_\_\_\_ District \_\_\_\_\_

- (c)  This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate RAY SID

**Party Committee:**

- (d)  This committee is a \_\_\_\_\_ (National, State or subordinate) committee of the \_\_\_\_\_ (Democratic, Republican, etc.) Party.

**Political Action Committee (PAC):**

- (e)  This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:

Corporation \_\_\_\_\_ Corporation w/o Capital Stock \_\_\_\_\_ Labor Organization \_\_\_\_\_  
 Membership Organization \_\_\_\_\_ Trade Association \_\_\_\_\_ Cooperative \_\_\_\_\_

In addition, this committee is a Lobbyist/Registrant PAC.

- (f)  This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)

In addition, this committee is a Lobbyist/Registrant PAC.

In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

**Joint Fundraising Representative:**

- (g)  This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
- (h)  This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

**Committees Participating in Joint Fundraiser**

1. \_\_\_\_\_ FEC ID number: C
2. \_\_\_\_\_ FEC ID number: C
3. \_\_\_\_\_ FEC ID number: C
4. \_\_\_\_\_ FEC ID number: C

NO. 10 00

Write or Type Committee Name

PRESIDENTIAL CANDIDATE 2016 - AJAY SOOD

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

NONE

Grid for organization name

Mailing Address

Grid for mailing address

CITY

STATE

ZIP CODE

Relationship:  Connected Organization  Affiliated Committee  Joint Fundraising Representative  Leadership PAC Sponsor

7. Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name

AJAY SOOD

Mailing Address

6316 ALDEN ST

SHAWNEE

KS

66216

Title or Position

CITY

STATE

ZIP CODE

CHAIRMAN

Telephone number

913-268-3608

8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

NONE

Full Name of Treasurer

AJAY SOOD

Mailing Address

6316 ALDEN ST

SHAWNEE

KS

66216

Title or Position

CITY

STATE

ZIP CODE

TREASURER

Telephone number

913-268-3608

Full Name of Designated Agent

[Empty grid line]

Mailing Address

NONE

[Empty grid line]

[Empty grid line]

[Empty grid line]

CITY

STATE

ZIP CODE

Title or Position

[Empty grid line]

Telephone number

[Empty grid line]

**9. Banks or Other Depositories:** List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

BROTHERHOOD BANK & TRUST

Mailing Address

1756 MINNESOTA AVE

[Empty grid line]

KANSAS CITY KS 66101-1

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

BROTHER BANK & TRUST

Mailing Address

1756 MINNESOTA AVE

[Empty grid line]

KANSAS CITY KS 66101-1

CITY

STATE

ZIP CODE

20090714 10:20:00 AM

**EXPRESS MAIL**  
UNITED STATES POSTAL SERVICE<sup>TM</sup>

LABEL 118

[www.usps.gov](http://www.usps.gov)

**EXPRESS MAIL**  
UNITED STATES POSTAL SERVICE<sup>TM</sup>

[www.usps.gov](http://www.usps.gov)

**EXPRESS MAIL**  
UNITED STATES POSTAL SERVICE<sup>TM</sup>

1007



20463

U.S. POSTAGE  
PAID  
KANSAS CITY, MO  
84148  
JUN 03, 18  
AMOUNT  
**\$22.95**  
R2304H108664-09

**EXPRESS MAIL**  
UNITED STATES POSTAL SERVICE<sup>TM</sup>

LABEL 119

**CUSTOMER USE ONLY**

FROM: (PLEASE PRINT)

AJAY SOOHA  
6316 ALDEN ST  
SHAWNEE KS 66216

PHONE ( )

PAYMENT BY ACCOUNT (if applicable)

**DELIVERY OPTIONS (Customer Use Only)**

SIGNATURE REQUIRED Note: This mailer must check the "Signature Required" box if the mailer: 1) requires the addressee's signature; OR 2) Purchases additional insurance; OR 3) Purchases COD service; OR 4) Purchases Return Receipt service. If this box is not checked, the Postal Service will leave the item in the addressee's mailbox or other secure location without attempting to obtain the addressee's signature on delivery.  
Delivery Options:  
 No Saturday Delivery (delivered next business day)  
 Sunday/Holiday Delivery Required (additional fee, where available)  
 10:30 AM Delivery Required (additional fee, where available)  
\*Refer to USPS.com or local Post Office for availability.

TO: (PLEASE PRINT)

FEDERAL ELECTION COMMISSION  
999 E STREET NW  
WASHINGTON AC 20463

PHONE ( )

ZIP + 4 (U.S. ADDRESSES ONLY)

For pickup or USPS Tracking<sup>SM</sup>, visit [usps.com](http://usps.com) or call 800-222-1811.  
\$100.00 insurance included.

RECEIVED  
FEC MAIL CENTER  
2016 JUN -6 PM 12:03



EK78J794421US



**PRIORITY MAIL EXPRESS<sup>TM</sup>**

**ORIGIN (POSTAL SERVICE USE ONLY)**

<input type="checkbox"/> 1-Day	<input type="checkbox"/> 2-Day	<input type="checkbox"/> Military	<input type="checkbox"/> DPO
PO ZIP Code 64145	Scheduled Delivery Date (MM/DD/YY) 6-4-16	Postage \$ 22.95	
Date Accepted (MM/DD/YY) 6-3-16	Scheduled Delivery Time <input type="checkbox"/> 10:30 AM <input type="checkbox"/> 3:00 PM <input checked="" type="checkbox"/> NOON	Insurance Fee \$	COD Fee \$
Time Accepted 9:05 AM	10:30 AM Delivery Fee \$	Return Receipt Fee \$	Live Animal Transportation Fee \$
Weight 0.160 lbs	Sunday/Holiday Premium Fee \$	Total Postage & Fees \$ 22.95	
Acceptance Employee Initials [Signature]	Employee Signature [Signature]		
Delivery Attempt (MM/DD/YY) Time 6-4-16 9:05 AM	Employee Signature		
Delivery Attempt (MM/DD/YY) Time	Employee Signature		

**DELIVERY (POSTAL SERVICE USE ONLY)**

LABEL 11-B, JANUARY 2014 PSN 7690-02-000-9086 3-ADDRESSEE COPY

